

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		6/1/00
O.I.P.E. CLASSIFIER		49	6/23/00
FORMALITY REVIEW	<i>EL</i>	823	8/4/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	7	10
2	✓	10	14
3	✓	03	26
4	✓	03	04
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
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40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	N	N
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	7	10
52	✓	10	14
53	✓	03	26
54	✓	03	04
55	✓	✓	✓
56	✓	✓	✓
57	✓	✓	✓
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59	✓	✓	✓
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96	✓	✓	✓
97	✓	✓	✓
98	✓	✓	✓
99	✓	✓	✓
100	✓	✓	✓

Claim	Final	Original	Date
101	✓	✓	✓
102	✓	✓	✓
103	✓	✓	✓
104	✓	✓	✓
105	✓	✓	✓
106	✓	✓	✓
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112	✓	✓	✓
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124	✓	✓	✓
125	✓	✓	✓
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130	✓	✓	✓
131	✓	✓	✓
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133	✓	✓	✓
134	✓	✓	✓
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136	✓	✓	✓
137	✓	✓	✓
138	✓	✓	✓
139	✓	✓	✓
140	✓	✓	✓
141	✓	✓	✓
142	✓	✓	✓
143	✓	✓	✓
144	✓	✓	✓
145	✓	✓	✓
146	✓	✓	✓
147	✓	✓	✓
148	✓	✓	✓
149	✓	✓	✓
150	✓	✓	✓

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)